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SSVF National Webinar Series

Removing Stigma Through Inclusive Care-
Supportive Services for LGBTQ+ Veterans and
Families

[Link to Audio](#)



Introductions:

Presenters:

- **Rayme Nuckles**
SSVF Regional Coordinator
- **Marzena Guzik LCSW**
SSVF Regional Coordinator
- **Michael Boyd LCSW**
SSVF Regional Coordinator
- **Tara Ortega**
TAC TA
- **Candace Baker**
Abt Associates TA
- **Heather Sperry PhD, HSPP**
LGBTQ+ Program Manager

Panelists:

- **Grambi Dora**
Army Veteran, LGBTQ+ Advocate and Volunteer, Medical Support Assistant
- **Heather Sperry PhD, HSPP**
LGBTQ+ Program Manager
- **Jillian Shipherd PhD**
Director for LGBTQ+ Health in Patient Care Services



Webinar Objectives:

- Purpose: Why is it important to talk about LGBTQ+ Standards of Care?
- Population Facts and Overview
- Best Practices: Guiding Principles
- VHA Resources
- Q&A Panel of Experts

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Purpose: Why is it important to talk about
LGBTQ+ standards of care?



Why is it important to talk about LGBTQ+ standards of care?

- It's our mission to serve all those who served.
- It's VHA Policy.
- It's at the core of what it means to treat every Veteran with the respect and dignity they deserve.



Purpose: VA & SSVF Shared Mission & Core Values

- No organization can succeed without values to match its mission.
- Our mission: care for those “who shall have borne the battle” and for their families, caregivers and survivors.
- Core Values: Integrity, Commitment, Advocacy, Respect and Excellence.
- I CARE Principles:
 - I care about those who have served.
 - I care about my fellow employees.
 - I care about choosing “the harder right instead of the easier wrong”.
 - I care about performing my duties to the very best of my abilities.



Purpose: LGBTQ+ Specific Policy and Directives

- VHA Directive 1019, Nondiscrimination in Federally-Conducted and Federally-Assisted (External) Programs:
“It is VHA policy to prohibit discrimination in any and all VHA programs, programs receiving VA funding or any VA jurisdictions on the basis of race, color, religion, national origin, sex (includes gender identity, transgender status), sexual orientation, pregnancy, marital and parental status, political affiliation, age, disability, genetic information, and LEP.”
- VHA Directive 1340 (1): Provision of Health Care for Veteran Who identify as LGB Veterans
- VHA Directive 1341 (1): Providing Health Care for Transgender and Intersex Veterans
- SSVF Veteran’s Rights Poster Requirement (SSVF Program Guide, Pg. 77)

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Population Overview



Population Overview

- LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, Queer/Questioning identities. The '+' sign captures identities beyond LGBTQ; e.g., pansexual, asexual, nonbinary identities.
- Acronym for diverse groups of people with minoritized sexual and gender identities, with similar experiences of social stigma, victimization, and discrimination.
- Lesbian, gay, bisexual, and queer groups related by sexual orientation.
- Transgender and gender diverse groups related by gender identity.



Population Overview

- 5.6% of American adults (18.6M) identify as LGBTQ+. Gallup Poll, 2021
- 15.9% among adults 23 and younger (1 in 6). Gallup Poll, 2021
- ~20 million Veterans. Estimated 1 million gay and lesbian Veterans (appx. 3%) with 65,000 gay and lesbian active-duty service members.
- At least 134,000 transgender Veterans (~0.6%),² with 15,000 on active duty.
- VHA does not routinely collect sexual orientation and gender identity data. Self-Identified Gender Identity field is in early phase.
- Using diagnostic codes, nearly 10,000 transgender Veterans in VHA.
- If LGBTQ+ Veterans came to VHA at same rate as other Veterans, potentially 400,000+ LGB Veterans in VHA.

¹Gates & Newport, 2012; ²Gates & Herman; ³Elders & Steinman, 2014



Population Overview – History of Non-Disclosure

- **Don't Ask Don't Tell (DADT)**
 - The Armed Forces have had dating back to the revolutionary war error it has been documented
 - Don't Ask, Don't Tell Policy : A policy issued by the Department of Defense Directive prohibiting military personnel from discriminating against or harassing closeted homosexual or bisexual service members or applicants, while barring openly gay, lesbian, or bisexual persons from military service.
 - **DADT Repeal Act of 2010 (H.R. 2965, S. 4023)** is a landmark United States federal statute enacted in December 2010 that established a process for ending the "don't ask, don't tell" (DADT) policy (10 U.S.C. § 654), thus allowing gay, lesbian, and bisexual people to serve openly in the United States [Armed Forces](#).
- **DoD has historically excluded open transgender service.**
 - Open service from June 2015 – April 2019. Thereafter, new enlistees must serve under their birth sex.
 - 2021 DoD reverses policy again and allows open service.
 - History of discrimination explains concerns of LGBTQ+ Veterans in trusting VA and disclosing identities to healthcare providers.
- **Sexual Violence and Trauma**
 - Approximately 80% LGBT active military servicemembers have reported at least one occurrence of harassment (even higher among transgender service members at 83%)
 - 70% of lesbian, bisexual and heterosexual women experience sexual harassment

Them., Over 80 Percent of LGBTQ+ Service Members Report Sexual Harassment in Military, May 2020

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LGBTQ+ Best Pest Practices: Guiding Principles



LGBTQ+ Best Practices: Guiding Principles

Principles of Successful Engagement:

- Trauma-informed, non-judging exploratory discussion(s).
- Open ended questions.
- Rapid Rapport building.
- Increasing Veteran's level of trust and sense of safety.
- Providers demonstrate authentic care and concern by modeling.
- Acceptance over Tolerance of each Veteran they serve.
- Reveal and emphasize Veteran's Existing Strength's and Supports.
- Strengthen the provider-Veteran relationship.
- Empower the Veteran to begin taking steps toward housing stability.



LGBTQ+ Best Practice Practices: Guiding Principles

- Language and pronouns.
- Examples of open-ended questions.
- Gender affirming care.
- Inclusive intake.
- Treatment/housing plans.
- Culturally competent care.
- Empowerment: Advocacy, access to information.



Best Pest Practices – Trauma Informed Care

- Why Trauma Informed Care?
 - A trauma informed approach has been widely adopted among major systems of care. Best practices continue to emerge in developing framework that aid systems in better assist client with trauma related issues.
 - According to a study from UCLA School of Law Williams Institute on Homelessness Among LGBTQ+ Adults in the US, a single experience of being without permanent shelter can have negative impacts on health and economic stability
 - PTSD is a common trauma for veterans and service members with combat exposure and could become a barrier to when faced with other major life events or stressors, such as an episode of homelessness or social risk factors.
- SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH ([SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#))
 - I. Safety
 - II. Trustworthiness and Transparency
 - III. Peer Support
 - IV. Collaboration and Mutuality
 - V. Empowerment, Voice and Choice
 - VI. Cultural, Historical, and Gender Issues



Best Pest Practices – Trauma Informed Care

- Example: A servicemember who has experience sexual trauma or harassment may find a secluded intake and assessment space uncomfortable, disempowering and could trigger harmful thoughts of past experiences.
- Grantees should adapt policies and practices that guide staff in identifying, assessing and for trauma as a Veteran seeks housing.
 - Build strong relationships and referral plans with community partners.
 - Operationalize the use of Trauma Informed Care toolkits and resource sharing.

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VHA Resources

Heather Sperry PhD



LGBTQ+ Veteran Care Coordinators

- Collateral duty implemented in 2016 to provide administrative support for LGBTQ+ Veterans at the facility level to:
 - Support implementation of national and VISN-level policies.
 - Serve as point person for LGBTQ+ care.
 - Provide LGBTQ+ training and consultation.
 - Engage in outreach activities.
 - Host special observances (e.g., LGBTQ+ Health Awareness Week, Pride Month, LGBTQ+ History Month, Transgender Day of Remembrance).
 - Ensure LGBTQ+ Veterans are aware of available services.
 - Coordinate LGBTQ+ care.



LGBTQ+ Services At VHA Facilities*

- Affirming Primary Care
- Affirming Mental Health
- Affirming Specialty Services
 - Hormone therapy
 - Speech therapy
 - Prosthetics
 - PrEP and PEP
- Letters of support
- Preventative screenings
- Social Work Services
- Tobacco cessation
- MOVE! Healthy Living Group
- All pre- and post-operative care for gender affirming surgeries
- LGBTQ+ Groups

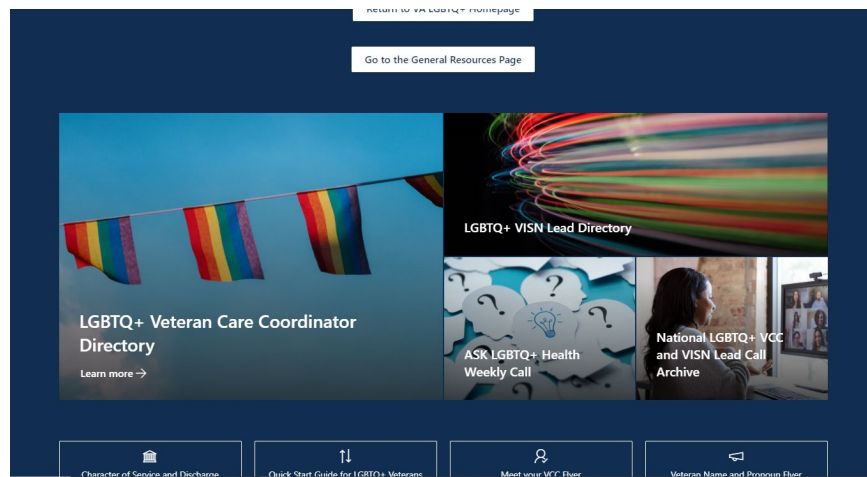
*VHA is required to provide all affirming care except gender affirming surgeries. Some services vary by facility (e.g., group offerings).



How do I find an LGBTQ+ VCC?

Internal

- [Select LGBTQ+ VCC and VISN Lead Toolbox, then LGBTQ+ VCC Directory](#)



External

- Search web for LGBTQ+ facility name



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Q&A Panel of Experts



Panel of Experts: LGBTQ+ FAQs:

- I am always worried about offending people. What is the best way to ask about sexual orientation and gender identity?
- What's up with the “pronouns”? Why do people use those in their signature line?
- Why do LGBTQ+ Veterans need specific services like Veteran Care Coordinators?
- How do I address a Veteran if their name and/or gender do not match what is in their documents/record?
- What are some ways to help acknowledge that an organization is a “safe place” for people that identify with the LGBTQ+ community?
- Why does VHA need to work harder to support Veterans with marginalized sexual orientations and/or gender identities?



Sources:

- Substance Abuse and Mental Health Service Administration, “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach,” July 2014

[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)

- UCLA School of Law Williams Institute, “Homelessness Among LGBTQ+ Adults in the US”, May 2020

[Homelessness Among LGBT Adults in the US – Williams Institute \(ucla.edu\)](#)

- U.S. Department of Veteran Affairs, “PTSD: National Center for PTSD”, August 2020

[War and Combat - PTSD: National Center for PTSD \(va.gov\)](#)

- Army Review Board Agency, Don’t Ask, Don’t Tell,

[The United States Army | Army Review Boards Agency \(pentagon.mil\)](#)

- Them., *Over 80 Percent of LGBTQ+ Service Members Report Sexual Harassment in Military*, May 2020

[Over 80 Percent of LGBTQ+ Service Members Report Sexual Harassment in Military | them.](#)

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Thank You!